

Youth Recreation Camp License Application

The license be applied for will be effective for calendar year **2010**



Web: www.des.nh.gov

Tel: (603) 271-2542

Fax: (603) 271-3490

For DES Office Use Only

Check#: _____

Date of Check: _____

Check Amount: _____

RA #: **1683**

Camp Name and Location Information:

Camp Name:	Location where camp operates (street address and municipality):
	Name of each lake or river on which the YRC is located (if applicable):

Camp Owner and Director Information:

Owner's Name:	Director's / Operator's Name (if different than owner):
Primary Mailing Address:	Primary Mailing Address:
Daytime Telephone Number:	Daytime Telephone Number:
E-mail Address:	E-mail Address:
Emergency Contact Telephone Number:	
Camp Website:	
Is the camp accredited by the American Camp Association?: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Camp Operating Information:

If the camp has operated previously in New Hampshire, please complete the following: a) Year(s) the camp operated; and b) the name under which the YRC operated (if different from the name in which the current application is being made):

<input type="checkbox"/> N/A	From:	To:	Name(s):
Has the camp's license ever been suspended or revoked: (check) <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Neither			
Capacity of Camp: (check one)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Boys:	Girls: Staff:
Per: Week Month Session		Total campers and staff for the year:	
Is the camp a seasonal camp or a year-round camp: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year-Round			
Is the camp a day camp or a residence camp (check both if applicable): <input type="checkbox"/> Day <input type="checkbox"/> Residence			

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For a seasonal camp, please complete the following: Opening Date for Campers: Closing Date for Campers:	Seasonal/Summer Mailing Address: (if different than primary) <hr/> Seasonal/Summer Daytime Telephone Number:
Does the camp prepare or serve food for campers or camp staff: <div style="float: right; text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
Camp Activities: Horseback Riding <input type="checkbox"/> Hiking <input type="checkbox"/> Camping <input type="checkbox"/> Ropes/Climbing <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Rifle/Archery <input type="checkbox"/> Swimming <input type="checkbox"/> Tennis <input type="checkbox"/> Arts/Crafts <input type="checkbox"/> Boating/Canoeing <input type="checkbox"/> Other:	
Is the camp a Public Water System (PWS) or connected to a town water supply: <div style="float: right; text-align: right;"> <input type="checkbox"/> PWS <input type="checkbox"/> Connected </div>	
EPA ID Number of the Public Water System(s) or town water supply: List Public Water System name(s) or town water supply name: If not a PWS, describe the source of drinking water used by the camp: select from dropdown <hr/> <p style="font-size: small;">For any YRC that is not a PWS and is not connected to a PWS but that provides drinking water, other than water bottled as specified in RSA 143 and He-P 2100, to campers or camp staff, or both, the YRC owner shall submit results of a current water analysis for bacteria and nitrates with the application. For any YRC that is connected during the season to a PWS and that disconnects from the PWS at the end of the season and reconnects prior to the next season, the YRC owner shall submit results of a current water analysis for bacteria with the application.</p>	
Is the camp connected to a municipal sewer or other community, off-site sewage disposal system or is served by on-site sewage disposal system(s): <div style="float: right; text-align: right;"> <input type="checkbox"/> Municipal/Off-Site <input type="checkbox"/> On-Site </div>	
<p>For any YRC that is not connected to a municipal sewer or other off-site community sewage disposal system, the applicant shall provide following additional information: For any system that has been approved by the department and installed <u>in the previous year</u>, the approval number and date:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> N/A Approval #: </div> <div> Approval Date: </div> </div>	
Certification and Signature:	
<p style="font-size: small;">The signature shall constitute certification that the signer is the YRC owner or has been authorized by the YRC owner to sign the application, that the information provided in and with the application is true, complete, and not misleading to the knowledge and belief of the signer; and the signer understands that any license granted based on false, incomplete, or misleading information shall be subject to suspension or revocation. The YRC owner also certifies that the YRC director meets the requirements specified in Env-Wq 904.01.</p>	
Name:	
Title:	
Signature: _____ Date: _____	
(Please print form and sign)	

License Fee: \$50 – Make checks payable to: **NH State Treasurer**. Applications must be received **30 days prior** to the camp's opening date or no later than December 1, for the following calendar year, for a year-round camp. Mail the completed application and fee to:

Department of Environmental Services
 Attn: Youth Recreation Camp Licensing
 29 Hazen Drive; PO Box 95
 Concord, NH 03302 - 0095